



STATE OF TENNESSEE TREASURY DEPARTMENT
COLLATERAL POOL BOARD
P.O. Box 198785
NASHVILLE, TN 37219-8785



APPLICATION FOR ADMISSION
TO THE COLLATERAL POOL

Pursuant to Tennessee Code Annotated, Title 9, Chapter 4, Part 5, all information requested by this application form must be submitted by the applicant before the application can be processed by the Treasurer's office. Please return this application package to the above address.

SCHEDULE A - GENERAL INFORMATION

1. FDIC Certificate #: _____ 2. Date Submitted: _____
3. ABA #: _____ 4. State Bank #: _____
5. Tax I.D. #: _____
6. Legal Name of Depository: _____
7. Address of Principal Offices: _____

8. Depository Charter Date: _____
9. Date Operation Commenced: _____
10. Depository's Three Most Senior Officers:

| Name | Title | E-Mail Address |
|-------|-------|----------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

11. Please attach a resume for each individual listed above listing experience and qualifications.

SCHEDULE B - PUBLIC DEPOSITS HELD

Attention: Please provide a listing of all Public Depositors and their account numbers .

Average daily balance of public deposits held for prior month (in thousands):

Reporting for the: Month _____ Year _____

| | | | |
|---------------------------|--------------------------------|-----------------------------------|---|
| | 1. Average Daily Balance | 2. Less Deposit — Insurance | 3. Insurance Adjusted Average Daily = Balance |
| Demand Deposits | 1a \$ _____ | — 2a \$ _____ | = 3a \$ _____ |
| Time and Savings Deposits | 1b \$ _____ | — 2b \$ _____ | = 3b \$ _____ |
| | | 4. Total Deposits Held | = \$ _____ |

5. Average monthly balance of public deposits for preceding 12 calendar months (in thousands):

| Month-Year | Average Daily Balance for the Month Indicated |
|------------|---|
| a. _____ | _____ |
| | (as shown from line 4 of schedule B) |
| | (prior month) |
| b. _____ | _____ |
| c. _____ | _____ |
| d. _____ | _____ |
| e. _____ | _____ |
| f. _____ | _____ |
| g. _____ | _____ |
| h. _____ | _____ |
| i. _____ | _____ |
| j. _____ | _____ |
| k. _____ | _____ |
| l. _____ | _____ |

6. *Total \$ _____

7. Calculate average monthly balance by dividing the total amount on number 6 by 12. The average monthly balance of public deposits = \$ _____.

Please refer to the instruction sheet prepared for Schedule B- Public Deposits Held.

SCHEDULE C - TRUSTEE CUSTODIAN DECLARATIONS

Please list below all Trustee Custodians that the applicant will use to safeguard collateral pledged to the pool:

Trustee Custodian Name: _____ Address: _____

Contact: _____

Phone Number: _____

Trustee Custodian Name: _____ Address: _____

Contact: _____

Phone Number: _____

Trustee Custodian Name: _____ Address: _____

Contact: _____

Phone Number: _____

All Trustee Custodians must be approved by the State Treasurer's Office.

SCHEDULE D - DEBT RATING INFORMATION

List the debt rating from two (2) recognized rating agencies for your institution and your institution's holding company (if applicable):

| Date | Rating Agency | Institution Rating | Holding Company Rating |
|-------|---------------|--------------------|------------------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

SCHEDULE E - FINANCIAL INFORMATION

Please list the following financial information:

Most recent Sheshunoff (presidents weight by peer group) rating: _____

Date of quarter rated: _____

For the eight quarters immediately preceding the date of application, please complete the following schedule of financial information to be taken from the Report of Condition to the FDIC (Call Report). Please use the table included in the instructions to determine the location of this information on your call report.

Please refer to the instruction sheet for each schedule.

Call Report Type: ☐ 31 ☐ 32 ☐ 33 ☐ 34

Item

(in thousands)

Total Equity Capital
(MM/YY)

| | | | |
|-------|-------|-------|-------|
| (/) | (/) | (/) | (/) |
| (/) | (/) | (/) | (/) |

Limited Life Preferred Stock
(MM/YY)

| | | | |
|-------|-------|-------|-------|
| (/) | (/) | (/) | (/) |
| (/) | (/) | (/) | (/) |

Subordinated Notes & Debts
(MM/YY)

| | | | |
|-------|-------|-------|-------|
| (/) | (/) | (/) | (/) |
| (/) | (/) | (/) | (/) |

Total Assets
(MM/YY)

| | | | |
|-------|-------|-------|-------|
| (/) | (/) | (/) | (/) |
| (/) | (/) | (/) | (/) |

Allowance for Loan Loss
(MM/YY)

| | | | |
|-------|-------|-------|-------|
| (/) | (/) | (/) | (/) |
| (/) | (/) | (/) | (/) |

Loans Past Due 90 Days
(MM/YY)

| | | | |
|-------|-------|-------|-------|
| (/) | (/) | (/) | (/) |
| (/) | (/) | (/) | (/) |

Total Non-Accrual Loans
(MM/YY)

| | | | |
|-------|-------|-------|-------|
| (/) | (/) | (/) | (/) |
| (/) | (/) | (/) | (/) |

Other Real Estate Owned
(MM/YY)

| | | | |
|-------|-------|-------|-------|
| (/) | (/) | (/) | (/) |
| (/) | (/) | (/) | (/) |

| | | | | |
|--|--------------------|--------------------|--------------------|--------------------|
| Net Income (MM/YY) | _____ (/) | _____ (/) | _____ (/) | _____ (/) |
| | _____ (/) | _____ (/) | _____ (/) | _____ (/) |
| Average Assets (MM/YY) | _____ (/) | _____ (/) | _____ (/) | _____ (/) |
| | _____ (/) | _____ (/) | _____ (/) | _____ (/) |
| Total Loans (MM/YY) | _____ (/) | _____ (/) | _____ (/) | _____ (/) |
| | _____ (/) | _____ (/) | _____ (/) | _____ (/) |
| Regulatory (Tier 1) Capital (MM/YY) | _____ (/) | _____ (/) | _____ (/) | _____ (/) |
| | _____ (/) | _____ (/) | _____ (/) | _____ (/) |
| Regulatory (Tier 2) Capital (MM/YY) | _____ (/) | _____ (/) | _____ (/) | _____ (/) |
| | _____ (/) | _____ (/) | _____ (/) | _____ (/) |

CERTIFICATION

Certification: “ hereby certify that the information contained in this application, including all attached reports, is true and correct to the best of my knowledge.”

| | |
|--|--|
| <p>Senior Bank Officer</p> <p>Signature: _____</p> <p>Name: _____</p> <p>Title: _____</p> <p>Date: _____</p> | <p>Preparer</p> <p>Signature: _____</p> <p>Name: _____</p> <p>Title: _____</p> <p>Date: _____</p> <p>Telephone #: _____</p> <p>E-mail Address: _____</p> |
|--|--|

Sworn to and subscribed before me:

Notary Seal

Notary Public _____

Date Commission Expires _____

**STATE OF TENNESSEE
COLLATERAL POOL**

**INSTRUCTIONS FOR COMPLETING
THE COLLATERAL POOL APPLICATION FORM**

Please use the following instructions when completing the application form to insure that the correct information is being supplied. Should you have further questions concerning this application, please contact the Collateral Pool staff at (615) 532-1168. Written inquiries may be faxed to (615) 741-0755.

Please note that the application form **MUST** be completed correctly to be processed. Incomplete applications will be held until complete or returned if not completed. Thank you for your cooperation.

SCHEDULE A - GENERAL INFORMATION

1. **FDIC CERTIFICATE NUMBER** is the Federal Deposit Insurance Corporation's certificate number assigned to your institution.
2. **DATE SUBMITTED** is the date you return your application.
3. **ABA NUMBER** is your American Bankers Association transit routing number.
4. **STATE BANK NUMBER** is your three digit State Depository Number. If you are not a state depository, signify with an N/A in this space.
5. **TAX I.D. NUMBER** - Institution federal employment identification number.
6. **LEGAL NAME OF DEPOSITORY** is the full legal name under which your institution is chartered.
7. **ADDRESS OF PRINCIPAL OFFICES** is the primary business address for your financial institution and the address where collateral pool correspondence will be directed.
8. **DEPOSITORY CHARTER DATE** is the date of your charter.
9. **DATE OPERATIONS COMMENCED** is the date your institution began conducting business.
10. **DEPOSITORY'S THREE MOST SENIOR OFFICERS** is a listing of the three officers having senior responsibility for your institution. Please give full names, full titles, and e-mail addresses.
11. **PLEASE ATTACH A RESUME** is related to #10. Please include a resume or data sheet giving the experience and qualifications of the three officers listed in #10.

SCHEDULE B - PUBLIC DEPOSITS HELD

Please list all public deposits being held as of the end of the last month **PRIOR** to the date your application was submitted. This listing should include the name of the public depositor and the account number.

To calculate the total average daily balance of public deposits being held by your institution, use the following steps:

1. To calculate average daily balance, do the following steps:
 - a. Average Daily Demand Deposit - The total dollars by account of all public funds held on a daily basis in demand deposit accounts during the calendar month immediately preceding the current month divided by the number of calendar days in the month. Record this amount (in thousands) on line 1a.
 - b. Average Daily Time and Savings Deposit - Either the total dollars by account of all public funds held on a daily basis in time and savings deposit accounts during the calendar month immediately preceding the current month divided by the number of calendar days in the month; OR the higher of (1) the actual amount of public funds in time deposit accounts on the last day of the calendar month immediately preceding the current month; or (2) the sum of the amount of public funds in time deposit accounts on the last day of the two calendar months immediately preceding the current month divided by two. Record this amount (in thousands) on line 1b.

After calculating these balances, list the totals under the column entitled "Average Daily Balance" in the appropriate space.

2. Determine the amount of applicable Federal Deposit Insurance for these deposits using the guidelines established by the FDIC. List these totals in the appropriate space in column 2.
3. Subtract the **Deposit Insurance** amount from the **Average Daily Balance** in column 1 in each category to obtain the insurance adjusted Average Daily Balance. List the total for each category under the Adjusted Totals column.
4. Add the **Adjusted Totals** in column 3 to determine the Total Average Daily Balance of public deposits held for the month reported.
5. To calculate the **Average Monthly Balance** of public deposits being held by your institution, use the following steps:

Beginning with the month being reported on line a, list the month and year for each of the preceding 12 months in the appropriate spaces in the month/year column (lines a-l). The Total Average Daily Balance of public deposits held by the financial institution for each period being reported should be listed in the amount column. Total Average Daily Balance of public deposits held should include **ALL** demand, time, and savings accounts being held for public depositors, less the applicable federal deposit insurance. To determine these amounts, repeat steps 1-4 for each of the previous months and insert in the spaces provided in #5 b-l.

6. After listing the totals in step #5, sum the amount column to determine the total of all Average Daily Balances of public deposits held for the 12-month period listed. Write the total on line #6.
7. Divide the total of the monthly averages as determined in step #6 by 12 to calculate average monthly balance of public deposits held. Record the amount on line #7.

SCHEDULE C - TRUSTEE CUSTODIAN DECLARATIONS

Please list all the Trustee Custodian Banks your institution will use to safe keep collateral securities pledged to the State of Tennessee Collateral Pool. The full legal name of the institution, the primary person to contact, the phone number of the contact, and the primary business address should be given in the proper space provided.

IMPORTANT NOTICE: *ALL TRUSTEE CUSTODIAN BANKS MUST BE APPROVED BY THE STATE TREASURER'S OFFICE.*

SCHEDULE D - DEBT RATING INFORMATION

List in the spaces provided the debt ratings for your institution and your institution's holding company, where applicable. These ratings should be taken from two of the following recognized sources:

Moody's

Standard & Poor's

SCHEDULE E - FINANCIAL INFORMATION

Sheshunoff Rating: Please give the most recent rating your institution has received from Sheshunoff Information Services using the Presidents Weight by Peer Group rating. Where possible, this rating should be for the most recent quarter reported immediately preceding the date your application was submitted. Indicate in the space provided the quarter the rating was received.

For the eight quarters immediately preceding the date of application for admission to the pool, please list the requested information in the appropriate spaces. The quarter and year of the information being reported should be noted across the top of the table in the spaces provided. Care should be taken that the information given is under the proper quarter and year. The (MM/YY) is to be used to insert the month in the MM and year in the YY spaces. For example, March 1994 would be (03/94). The most recent quarter should be listed first with the preceding seven (7) quarters listed in chronological order.

The financial information supplied should be taken from your institution's Report of Condition (call report) as required by the FDIC. A chart has been provided to aid in giving the correct location of each requested piece of information. The chart gives the location of the information for each type of call report. Please verify the type of call report you use to determine that you are using the correct location.

Certification Section: Pursuant to Rule 1700-4-1-.03(1)D of the Collateral Pool, the application **MUST** be executed by both the president (or chief executive officer) and the person preparing the report. The signature, a printed or typed name, official title, telephone number, and the date executed should be completed as required. The executed document should then be notarized (the Notary seal must be affixed). An application will not be considered complete until this section has been properly completed.

| Description Report #34 | Amount (in thousands) | | Location | Report #31 | Report #32 | Report #33 |
|------------------------------------|-----------------------|---|---------------------|---------------------|---------------------|---------------------|
| 1. Total Equity Capital | \$ _____ | Schedule Line # Page # | RI-A 14 RI-3 | RI-A 13 RI-3 | RI-A 13 RI-3 | RI-A 13 RI-3 |
| 2. Limited Life Preferred Stock | \$ _____ | Schedule Line # Page # | RC 22 RC-2 | RC 22 RC-2 | RC 22 RC-2 | RC 22 RC-2 |
| 3. Subordinated Notes & Debentures | \$ _____ | Schedule Line # Page # | RC 19 RC-2 | RC 19 RC-2 | RC 19 RC-2 | RC 19 RC-2 |
| 4. Total Assets | \$ _____ | Schedule Line # Page # | RC 12 RC-1 | RC 12 RC-1 | RC 12 RC-1 | RC 12A RC-1 |
| 5. Allowance for Loan Losses | \$ _____ | Schedule Line # Page # | RC 4B RC-1 | RC 4B RC-1 | RC 4B RC-1 | RC 4B RC-1 |
| 6. Loans Past Due 90 Days | \$ _____ | Schedule Line # Page # | RC-N 9B RC-18 | RC-N 9B RC-17 | RC-N 6B RC-16 | RC-N 6B RC-15 |
| 7. Total Non-Accrual Loans | \$ _____ | Schedule Line # Page # | RC-N 9C RC-18 | RC-N 9C RC-17 | RC-N 6C RC-16 | RC-N 6C RC-15 |
| 8. Other Real Estate Owned | \$ _____ | Schedule Line # Page # | RC 7 RC-1 | RC 7 RC-1 | RC 7 RC-1 | RC 7 RC-1 |
| 9. Net Income | \$ _____ | Schedule Line # Page # | RI 12 RI-3 | RI 12 RI-2 | RI 12 RI-2 | RI 12 RI-2 |
| 10. Average Assets | \$ _____ | Schedule Line # Page # | RC-K 9 RC-13 | RC-K 9 RC-12 | RC-K 9 RC-11 | RC-K 9 RC-10 |
| 11. Total Loans | \$ _____ | Schedule Line # Page # | RC 4D RC-1 | RC 4D RC-1 | RC 4D RC-1 | RC 4D RC-1 |
| 12. Regulatory (Tier 1) Capital | \$ _____ | Please calculate Tier 1 capital percentage for this quarter and give this percentage. | | | | |
| 13. Regulatory (Tier 2) Capital | \$ _____ | Please calculate Tier 2 capital percentage for this quarter and give this percentage. | | | | |

APPLICATION FOR ADMISSION TO THE COLLATERAL POOL CHECKLIST

FINANCIAL INSTITUTION NUMBER: _____

FINANCIAL INSTITUTION NAME: _____

CITY: _____

VERIFIED BY: _____ DATE: _____

GENERAL INFORMATION

- ☐ LEGAL NAME
- ☐ PRINCIPAL ADDRESS
- ☐ TRANSIT ROUTING NUMBER
- ☐ FDIC NUMBER
- ☐ TAX ID NUMBER
- ☐ DATE CHARTERED
- ☐ DATE BEGAN OPERATIONS
- ☐ SIGNED BY PRESIDENT / PREPARER

FINANCIAL INFORMATION

- ☐ PREVIOUS TWELVE (12) MONTHS' BALANCES
- ☐ PREVIOUS EIGHT (8) QUARTERS' CALL REPORT ITEMS
- ☐ BANK AND HOLDING COMPANY DEBT RATING

OTHER INFORMATION

- ☐ SENIOR OFFICERS' RESUMES
- ☐ LIST OF PUBLIC DEPOSITORS
- ☐ TRUSTEE DECLARATIONS
- ☐ LIABILITY AGREEMENT
- ☐ BOARD RESOLUTION
- ☐ MANAGEMENT CERTIFICATION
- ☐ CERTIFICATION BY INDEPENDENT AUDITORS



Treasury Department Collateral Pool

Monthly Depository Report

For the Month Ended _____, 20 _____

Due date: No later than the fifteenth (15th) day of the following month

Schedule A - General Information

(1) Date Submitted: _____ (2) Amended Report: Yes _____ No _____

(3) State Bank Number: _____ (4) FDIC Certificate #: _____

(5) Legal Name of Depository: _____

(6) Address: _____

(7) Please indicate whether any senior management changes have occurred: Yes _____ No _____

If yes, please describe: _____
(attach additional
pages if needed) _____

(8) Number of public depositors at the end of the reporting period. Please list by account type.

Interest Bearing: _____ Non-Interest Bearing: _____

Schedule B - Public Deposits Held

Average daily balance of public deposits held for prior month (in thousands):

| Month _____ Year _____ | (1) Average Daily Balance | (2) Less Deposit Insurance | (3) Insurance Adjusted Average Daily Balance |
|-------------------------|---------------------------------|----------------------------------|--|
| Demand Deposits | (1)a. \$ _____ | - (2)a \$ _____ | = (3)a \$ _____ |
| Time & Savings Deposits | (1)b. \$ _____ | - (2)b \$ _____ | = (3)b \$ _____ |
| | | (4) Total Deposits Held | = \$ _____ |

Please refer to the instruction sheet prepared for Schedule B - Public Deposits Held

(5) Average monthly balance of public deposits for 12 previous calendar months (in thousands):

| MONTH/YEAR | AMOUNT |
|--------------------------------|--|
| (A) _____ (As listed above) | _____ [As shown from line (4) of Schedule B] |
| (B) _____ | _____ |
| (C) _____ | _____ |
| (D) _____ | _____ |
| (E) _____ | _____ |
| (F) _____ | _____ |
| (G) _____ | _____ |
| (H) _____ | _____ |
| (I) _____ | _____ |
| (J) _____ | _____ |
| (K) _____ | _____ |
| (L) _____ | _____ |
| (6) Total | \$ _____ |

(7) Calculate Average Monthly Balance by dividing line (6) by 12.

Average Monthly Balance = \$ _____

(8) Did your institution accept any deposits during the reporting month that caused your total public deposits to exceed your collateral target for that month by 25%? Yes _____ No _____

Date collateral target was exceeded: _____

Describe the action taken and give the date the action was taken: _____

Schedule C - Calculation of Required Collateral

(1) From Schedule B, enter the amount from line (4) here: _____

From Schedule B, enter the amount from line (7) here: _____

Enter the higher amount of line (4) or (7) in line (2) below. Then, determine the amount of required collateral by multiplying line (4) or line (7) from Schedule B, whichever is greater, by your collateral pledge level:

(2) \$ _____ X (3) _____ = (4) \$ _____
(use your designated pledge level) (required collateral target)

(5) The total of line (4) is your required collateral target.

Please refer to the instruction sheets prepared for these schedules.

Schedule D - Collateral Pledged

- (1) The total par value of collateral securities pledged at month end is: \$ _____
- (2) The total market value of collateral securities pledged at month end is: \$ _____

Certification

“I hereby certify that I have read the foregoing facts and the attachments provided and certify that they are true.”

Authorized Official

Person Completing Report

Signature: _____ Signature: _____

Name: _____ Name: _____

Title: _____ Title: _____

Date: _____ Date: _____

Phone #: () _____

Sworn and subscribed before me:

Notary Seal

Notary Public

My Commission Expires

Please compare the total of line (4), Schedule C, with the total of line (2), Schedule D. The difference in these totals is the amount of your monthly collateral target adjustment.

STATE OF TENNESSEE COLLATERAL POOL

INSTRUCTIONS FOR COMPLETING THE MONTHLY DEPOSITORY REPORT

Please use the following instructions when completing the monthly report form to insure that the correct information is being supplied. Questions concerning this report form should be directed to the Collateral Pool staff at (615) 532-1168.

DUE DATE: NO LATER THAN THE FIFTEENTH (15TH) DAY OF THE MONTH FOLLOWING THE MONTH BEING REPORTED

Please note that the monthly report **MUST** be completed correctly before it can be processed. Incomplete monthly reports will not be processed until properly completed. Thank you for your cooperation.

SCHEDULE A - GENERAL INFORMATION

1. **DATE SUBMITTED** is the date you return your monthly report form.
2. **AMENDED REPORT** should only be marked as "yes" if you are submitting an amended report to replace one previously submitted. Otherwise, please mark "no".
3. **STATE BANK #** is your three digit state depository number. If you are not a depository, signify with an N/A in this space.
4. **FDIC CERTIFICATE #** is the Federal Deposit Insurance Corporation's certificate number assigned to your institution.
5. **LEGAL NAME OF DEPOSITORY** is the full legal name which your institution is chartered under.
6. **ADDRESS** is your primary business address.
7. **SENIOR MANAGEMENT CHANGES** should be noted as a "yes" or "no". If "yes", please supply a complete description of the changes. This senior management relates to the data submitted with the institution's pool application. Insert additional pages if needed.
8. **NUMBER OF PUBLIC DEPOSITORS** should be given in the spaces provided. Please give the total number of public depositors with interest bearing accounts and non-interest bearing accounts (listed separately).

SCHEDULE B - PUBLIC DEPOSITS HELD

To complete Schedule B to report public deposits held, please follow these instructions:

To calculate the total average daily balance of public deposits held by your institution, use the following steps:

1. Insert the month and year reported in the blank indicated on Schedule B.
2. To calculate average daily balance, do the following steps:
 - a. **Average Daily Demand Deposit Balance**

Determine the total dollars by account of all public funds held on a daily basis in demand deposit accounts during the calendar month reported divided by the number of calendar days in the month. Record this amount (in thousands) on line 1a.
 - b. **Average Daily Time and Savings Deposit Balance**

Determine the total dollars by account of all public funds held on a daily basis in time and savings deposit accounts during the calendar month reported divided by the number of calendar days in the month; OR the higher of (1) the actual amount of public funds in time deposit accounts on the last day of the calendar month being reported; or (2) the sum of the amount of public funds in time deposit accounts on the last day of the two calendar months immediately preceding the current month divided by two. Record this amount (in thousands) on line 1b.
3. Determine the amount of applicable Federal Deposit Insurance for these deposits using the guidelines established by the FDIC. List these totals in the appropriate space in column 2.
4. Subtract the **Deposit Insurance** amount in column 2 from the **Average Daily Balance** in column 1 in each category to obtain the insurance adjusted Average Daily Balance. List the total for each category under the Adjusted Totals in column 3.
5. Add the **Adjusted Totals** for demand deposits and time and savings deposits in column 3 to determine the Total Average Daily Balance of public deposits held for the month reported.
6. To calculate the **Average Monthly Balance** of public deposits held by your institution, use the following steps:

Insert the amount from Schedule B, line 4, on line 5a.

 - a. Beginning with the current month being reported, list the month and year for each of the previous 11 months in the appropriate spaces in the month/year column (lines a-l).
 - b. List the Total Average Daily Balance of public deposits held by the institution for each month reported in the amount column. Total Average Daily Balance of public deposits held should include **ALL** demand, time, and savings accounts held for public depositors for that month, less the applicable federal deposit insurance. To determine these amounts, repeat steps 1-4 for each of the previous months and insert in the spaces provided in #5 b-l.
7. After listing each of the amounts in step #5, add the amount column for lines a-l to determine the total of all Average Daily Balances of public deposits held for the 12-month period listed.
8. Divide the total of the monthly averages as determined in step #6 by 12 to calculate average monthly balance of public deposits held. Insert this calculated average monthly balance of public deposits held on line 7 (rounded to the nearest thousand).

9. If your institution received public funds which caused the total amount of public funds held to exceed your collateral target amount for that month by 25%, please answer “yes” to the question and give a brief explanation of what action was taken to resolve this situation. Provide the date that you pledged additional collateral. If this did not occur during the month, please answer “no” and proceed.

SCHEDULE C - CALCULATION OF REQUIRED COLLATERAL

To calculate the amount of collateral required to maintain full collateralization of public deposits, complete the following steps:

1. From Schedule B, list the totals from line 4 and line 7 in the spaces provided. Determine which of these two totals is the largest and insert the larger amount on line 2 of Schedule C.
2. On line 3 of Schedule C, give the designated collateral percentage assigned to your institution. Then, multiply the amount on line 2 by the percentage of line 3 to calculate the amount of collateral needed to collateralize public deposits held. List the result of this calculation on line 4 of Schedule C. (**Note:** Your institution will be notified periodically of the collateral pledge level to use.)
3. The total listed on line 4 of Schedule C is your monthly required target level.

SCHEDULE D - COLLATERAL PLEDGED

On line 1, in the space provided, please provide the **TOTAL PAR VALUE** of all the securities you have pledged to the State of Tennessee Collateral Pool as of the end of the month being reported.

On line 2, in the space provided, please list the **TOTAL MARKET VALUE** of all the securities you have pledged as of the end of the month being reported.

Compare the total market value on line 2 of Schedule D to the total public deposits listed on line 4 of Schedule B to determine if any additional collateral needs to be pledged. If line 4 of Schedule B is greater than line 2 of Schedule C , you must pledge additional collateral equal to the amount of the difference.

CERTIFICATION SECTION

Pursuant to Rule 1700-4-1-.07(1)B of the Collateral Pool, the monthly report **MUST** be executed by both the president (or duly authorized officer) and the person preparing the report. The original signature, a printed or typed name, official title, and the date executed should be completed as required. The executed document should then be notarized with the Notary seal affixed to the report. A monthly report form will not be considered complete until this section of the report has been properly completed.



STATE OF TENNESSEE TREASURY DEPARTMENT
COLLATERAL POOL BOARD
P.O. Box 198785
NASHVILLE, TN 37219-8785



ANNUAL REPORTING REQUIREMENT

The primary objective of collateralizing public deposits is to protect public funds. The Collateral Pool provides additional protection for public deposits in that financial institutions participating in the Pool are liable for any public deposits not covered by FDIC or collateral in the event of a default or insolvency of a Pool participant. Thus, a second objective is to reduce the potential risk for losses that financial institutions in the Pool could suffer if a defaulting institution failed to collateralize public deposits at the appropriate level.

Accordingly, the Collateral Pool Board has adopted the following annual reporting requirements:

- (1) Each financial institution in the Pool shall certify that their financial institution has the systems and controls in place to ensure that public deposits are properly identified and reported.
- (2) An independent auditor (internal or external) for each financial institution shall certify that they have examined and tested the institution's system and procedures that identify and report public deposits and found them effective, with any deficiencies noted in the audit report.

The attached reports should be completed and returned to our office by March 31 of each year.

Please return completed reports to:

Mailing Address:
State of Tennessee
Treasury Department
Collateral Pool Board
P.O. Box 198785
Nashville, TN 37219-8785

Overnight Delivery Address:
State of Tennessee
Treasury Department
Collateral Pool Board
500 Deaderick Street
11th Floor Andrew Jackson Building
Nashville, TN 37219-8785

If you have any questions, please feel free to contact the Collateral Pool staff at (615) 532-1168.

To be filed on time, this report must be received in the office of the Collateral Pool Board by March 31st.

ANNUAL MANAGEMENT CERTIFICATION

Annual management certification that systems and controls are in place to ensure that public deposits are properly identified and reported.

- 1. Financial Institution _____
- 2. Authorized Signatory (print or type) _____
- 3. Phone Number () - _____

Complete the answers to questions 4 through 8 in the space provided or you may attach a separate response.

- 4. Briefly describe the systems and procedures that are established to ensure that public deposits are properly identified.

- 5. Briefly describe the systems and procedures that are established to ensure that public deposits are properly reported each month to the Collateral Pool Board.

- 6. Describe weaknesses, if any, that may exist which would prevent a public deposit from being properly identified as a public deposit. What actions are being taken to eliminate this problem(s)?

7. Describe weaknesses, if any, that may exist which would prevent a public deposit from being reported on the monthly depository report to the Collateral Pool Board. What actions are being taken to eliminate this problem(s)?

8. Describe any improvements or enhancements made to your systems or procedures during the previous calendar year relative to the identification and reporting of public deposits.

9. State the amount of public deposits held as of December 31 \$ _____

10. **Certification**

I hereby certify that systems and controls are in place to ensure that public deposits are properly identified and reported. Further, I hereby certify that the information contained on this form is true and correct to the best of my knowledge.

Signature

Position

Date

The certification must be signed by a senior official who is responsible for the systems and controls relative to the reporting requirement of the Collateral Pool.

ANNUAL CERTIFICATION BY INDEPENDENT AUDITORS

Annual certification by independent auditors that systems and procedures have been examined and tested which identify and report public deposits.

1. Financial Institution _____
2. Authorized Signatory (print or type) _____
3. Position Title of Signatory _____
4. Firm's Name & Address _____
5. Phone Number _____

6. Briefly describe the process you or your firm utilized to examine and test the institution's systems and procedures that identify and report public deposits.

7. When was the examination and testing performed (time frame)?

8. Briefly describe any deficiencies that exist which would cause the institution to not properly identify and report public deposits.

9. **Certification**
I hereby certify that we have examined and tested the institution's systems and procedures that identify and report public deposits and found them effective, with any deficiencies noted herein. Further, I hereby certify that the information contained in this report is true and correct to the best of my knowledge.

 Signature

 Position

 Date

This report should be signed by an independent internal or external auditor. An internal auditor cannot be considered independent for purposes of this report if the internal auditor also has management duties and responsibilities.



**Tennessee State Treasury Department
Collateral Pool
Notice of Change**



Pursuant to Tennessee Code Annotated, Title 9, Chapter 4, Part 5, every participant of the state Collateral Pool will file a notice of change form within three (3) business days of any change of name, address, charter or ownership of the institution.

(1) Date: _____ (2) State Bank Number: _____
 (3) FDIC Certificate #: _____ (4) Effective Date: _____
 (5) Name: _____ (6) Phone #: _____
 (7) Address: _____ (8) Fax #: _____

The following changes will take place:

(9) Change of name to: _____
 (10) Change of address to: _____

 (11) Change of ownership (please describe): _____

 (12) Change of charter (please describe): _____

Certification: "I hereby certify that the information contained in this notice of change form, including all attached reports, are true and correct to the best of my knowledge."

| | |
|---|--|
| <p><i>Senior Bank Officer</i></p> <p>Signature: _____</p> <p>Name: _____</p> <p>Title: _____</p> <p>Date: _____</p> | <p><i>Preparer</i></p> <p>Signature: _____</p> <p>Name: _____</p> <p>Title: _____</p> <p>Date: _____ ()</p> <p>Phone #: _____</p> |
|---|--|

| | |
|---|---|
| <p>Sworn to and subscribed before me:</p> <p style="text-align: center;"><i>Notary Seal</i></p> | <p>_____</p> <p>Notary Public</p> <p>_____</p> <p>My Commission Expires</p> |
|---|---|

INSTRUCTION SHEET FOR COMPLETING THE NOTICE OF CHANGE FORM

Please use the following instructions when completing the Notice of Change form to ensure that the correct information is being supplied. Please direct any questions or comments to the Collateral Pool staff at (615) 532-1168. **This Notice of Change form must be sent within three business days of any change of name, address, charter or ownership of your institution.**

GENERAL INFORMATION

1. **Date** is the date you submit this form.
2. **State Bank #** is your three digit State Depository Number. If you are not an authorized state depository, signify with an N/A in this space.
3. **FDIC Certificate #** is the Federal Deposit Insurance Corporation's certificate number assigned to your institution.
4. **Effective Date** is the date that the changes described on this form take effect.
5. **Name** is the full legal name which your institution is chartered under.
6. **Phone #** is the telephone number of your institution's main office.
7. **Address** is the primary business address for your institution.
8. **Fax #** is the electronic facsimile number where you would receive collateral pool information.
9. **Change of Name** is the new full legal name under which your institution will operate.
10. **Change of Address** is the new primary business address for your institution.
11. **Change of Ownership** is any change in the primary ownership of your institution. Describe the changes that will occur and any impact these changes might have on ownership structure.
12. **Change of Charter** is any change of charter that may occur. Please describe what change took place and the reason for this change.

The Certificate Section **MUST** be completed by a senior officer and by the person preparing the form. The signature, a printed or typed name, official title, the date executed, and the phone number of the preparer should be completed as required. The executed document should then be notarized, with the notary seal affixed.

The completed form and any related documents should then be mailed to:

State of Tennessee
Treasury Department
Collateral Pool Board
P.O. Box 198785
Nashville, TN 37219-8785